

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING
HELD ON TUESDAY 8 JANUARY 2019, AT 09:15hrs
AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Peter Lucas	PL	Chair, Lay Member for Audit and Governance
Christine Reid	CR	Vice Chair, Lay Member for Patient and Public Involvement
Dr Muhammed Rehman	MR	GP, Interim Vice Chair of West

In Attendance:

Steve Perkins	SP	Chief Financial Officer
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Susannah Long	SL	Governance and Risk Manager
Duncan Laird	DL	Internal Audit, KPMG
Katie Whybray	KW	External Audit, Grant Thornton
Sharon Woolley	SW	Board Administrator

Apologies:

Peter Barber	PB	External Audit, Grant Thornton
Rees Batley	RB	Internal Audit, KPMG
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Catrinel Wright	CW	GP, Interim Chair of West
Paul Travers	PT	Security Management, Hampshire & Isle of Wight Fraud and Security Management Service

Item Number	Item	Action
AAC/19/01/01	Welcome and apologies for absence PL welcomed everyone to the meeting. The above apologies were noted. MR was in attendance as deputy for CW in her absence.	
AAC/19/01/02	Declarations of Interest Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). There were none declared. The meeting was quorate.	
AAC/19/01/03	Minutes from the meeting held on 13 November 2018 The minutes from the meeting held on 13 November 2018 were agreed to be an accurate record.	
AAC/19/01/04	Matters Arising There were no matters arising.	
AAC/19/01/05	Action Tracker The action tracker was reviewed and updated.	

	<p>AAC/18/05/07b – CR reported that the feasibility of Patient and Public Engagement Committee across the BaNES, Swindon and Wiltshire CCGs (BSW) Commissioning Alliance was still being determined as with all other areas of joint working. An Expression of Interest for £40K from NHSE to support a Citizen's Panel across BSW was submitted 7/1/19 by Wiltshire CCG on behalf of three CCGs. ONGOING</p> <p>AAC/18/11/14 - PL confirmed that he had raised the Committee's concerns with Linda Prosser following the meeting. SP had taken the action to raise it with EMT, which had since led to prompts at the Wider EMT for Managers to ensure objectives were set within their teams. CLOSED</p> <p>It was acknowledged that lack of control over work definition could lead to work place stress. However, in the Workforce Report presented in November, the number of days attributed to sickness absence figures for stress and anxiety concerned two individuals on long term absence, not multiple people, and somewhat distorted the report.</p>	<p>Sarah MacLennan</p>
ITEMS FOR DECISION		
<p>AAC/19/01/06</p>	<p>Health and Safety Policy</p> <p>SL advised that the Health and Safety Policy had undergone its annual review. The main amendments were listed on page four, which included the transfer of the competent person role to the experts within the CSU.</p> <p>RH reported that the CCG was working to renegotiate the contract held with the CSU, which would include the health and safety element. The specification for this area of work had been clarified with the CSU and a work plan was being produced to sit alongside. The competent person role had been included within the specification, but it remained the responsibility of the CCG to keep the CSU appraised of any health and safety issues arising.</p> <p>SL mentioned that the CCG was in discussion with the South Western Ambulance Service concerning the installation and management of a defibrillator within Southgate House.</p> <p>The Committee agreed the Health and Safety Policy. The Policy would be presented to the January Governing Body for approval.</p>	
<p>AAC/19/01/07</p>	<p>Grievance Policy</p> <p>RH reported that the Grievance Policy had been reviewed by Consult HR colleagues. Learning through use of the policy and procedures had been incorporated. The policy had been shared with EMT and discussed at the Staff Partnership Forum to give staff the opportunity to comment. A user guide also accompanied the policy, but did not require approval by the committee, therefore not circulated.</p> <p>SP referred to section one in the policy, which now included a reference to organisational change. The CCG was in a current state of unknown due to the move towards closer working with BaNES and Swindon CCGs, which would certainly impact upon the whole organisation. There were potential risks associated with the organisational structure changes to be made and SP felt that perhaps this inclusion might prompt individuals to raise a grievance. RH advised that the CCG also had an Organisational Change Policy in place, which should be followed throughout the change process. A grievance case raised would first require an investigation into processes followed and the case would be alleviated if the policy had been implemented correctly.</p> <p>The Committee approved the Grievance Policy.</p>	

<p>AAC/19/01/08</p>	<p>Appeals Policy RH advised that the Appeals Policy had been reviewed by Consult HR colleagues and reflected national policy and legislation.</p> <p>CR felt that there was contradiction between 4.1.1 and 4.1.5, stating that new evidence could not be submitted, but that further investigations may be carried out. RH explained that 4.1.1 was based upon what had occurred to date, whereas 4.1.5 referred to the investigations into the validation of the management process of the hearing to reach the formal decision. Section 4.1.5 would be revised to clarify the point.</p> <p>ACTION: AAC/19/01/08 - Section 4.1.5 to be reworded to clarify that it concerns investigation of the appeal process followed.</p> <p>The Committee approved the Appeals Policy subject to the minor amendment to section 4.1.5.</p>	<p>RH</p>
<p>AAC/19/01/09</p>	<p>Information Governance Policy – Individuals Rights Policy The Individual Rights Policy had been produced by the CSU, and then adapted and agreed by the Information Governance Group for the CCG.</p> <p>SL advised that the form referred to on page eight under 3.2 would be linked to the CCGs intranet. The CCG had taken the decision to not charge a fee for the requests due to the minimal amount involved, but it was agreed that this would be left open within the policy.</p> <p>ACTION: AAC/19/01/09 - Amend the last bullet of section 3.4 concerning charging a fee to state 'not normally charge a fee'.</p> <p>MR enquired about the assignment of the Caldicott role, whether this was based on the person or the role. SL advised that originally a specific person had been appointed as the Caldicott Guardian, but believed this would now stay with the designation.</p> <p>The Committee approved the Individual Rights Policy, subject to the minor amendment in section 3.4.</p>	<p>SL</p>
<p>ITEMS FOR DISCUSSION</p>		
<p>AAC/19/01/10</p>	<p>EPRR Assurance and Work Programme RH reported that it was an annual requirement of the CCG to undertake a self-assessment against the core standards of the Emergency Preparedness, Resilience and Response process.</p> <p>The CCG was an active member of the Wiltshire and Swindon Local Health Resilience Partnership.</p> <p>This year the CCG had assessed its four main providers through a 'confirm and challenge' approach. Minor providers had not been assessed this year. The last 12 months had brought a number of tests on the EPRR of WCCG, providers and partners arrangements with the snow and novichok incidents. A number of reviews had been held following these major incidents to ensure that the learning from each was incorporated into ongoing arrangements.</p> <p>The CCG was fully compliant with 39 of the core standards, with action plans in place to address the 4 remaining partially compliant standards. The compliance of the four major providers was shown on page six. Virgin Care had partially compliance, and was now reporting monthly against the improvement plan it had in place. The EPRR compliance could be used as another performance lever and assurance mechanism.</p>	

	WCCG had access to those reviews undertaken of the RUH and GWH by BaNES CCG and Swindon CCG.	
AAC/19/01/11	<p>Review of Risk Register and Board Assurance Framework</p> <p>Risk Register SL and RH presented the top 20 risks on the register.</p> <p>The Committee discussed the risk register and raised the following:</p> <ul style="list-style-type: none"> • <i>The unidentifiable provider referenced in risk 1 (CJ-18/050)</i> SL advised that all patients at the care home had been risk assessed and believed that patients and relatives are aware of the situation. A degree of possibility remained around this risk, and therefore it had been agreed to not identify the provider at this stage. Whilst this remained uncertain and not fully clarified, it would remain anonymous. Clear proof of cause and effect was needed. The Governing Body and Quality and Clinical Governance Committee (Q&CGC) Members had been kept up to date through regular briefings. <p>It was noted that although these allegations had been raised through whistle-blowers – mechanisms were in place for the CCG to constantly monitor activity and performance to trigger such concerns. These reports were regularly reviewed and scrutinised by the Q&CGC.</p> <ul style="list-style-type: none"> • <i>Little evidence to support the high score of the Community Ophthalmology risk (A-18/080)</i> SP explained that this concerned a new contract that had commenced in 2018, and the failure to meet expected contractual levels. SP advised that this needed to be revised. Risks needed to be contextualised and fully proofed before scoring. The consequences of each needed to be considered. • <i>Risk M-18/003 Learning Disability support for children</i> CR believed this to be a national issue, not just a Wiltshire risk and felt that more information was required around this risk and maybe should be raised at the Quality and Clinical Governance Committee for further discussion. <p>ACTION: AAC/19/01/11.0 - AAC recommended that risk M-18/003 should be further discussed by the Quality and Clinical Governance Committee. SL to raise this with Dina McAlpine.</p> <ul style="list-style-type: none"> • <i>Risk Q-15/029 and change in number of CHC cases being disputed with Wiltshire Council</i> SP explained that the initial six CHC cases disputed with Wiltshire Council had now been addressed, and therefore this risk should be closed. If the anticipated 14 cases materialise to review against the policy – this should be set as a new risk to the CCG. <p>Amendments to be made to risk register before being presented to the January Governing Body:</p> <ul style="list-style-type: none"> • Risk CJ-18/050 to be amended to state that patients have been risk assessed • Scoring of risk A-18/080 to be reviewed and risk contextualised • Narrative for risk A-14/025b to be revised to articulate risk and detail the mitigating action • Risk register top 10 to be reviewed before presented to January Governing Body 	SL

	<ul style="list-style-type: none"> • A number of risks contain limited timescales against action points – these need expansion and an explanation • Arrows indicating movement on risks to be updated where needed • Risk Q-15/029 to be mark as closed, if this was agreed by the Director of Quality. <p>ACTION: AAC/19/01/11.1 - Risk register to be further reviewed and amended before top 10 are presented to January Governing Body for approval.</p> <p>Board Assurance Framework (BAF) RH reported that the BAF had been reviewed and updated accordingly. The Committee recommended the BAF to be presented to the January Governing Body.</p>	SL / RH / SP
AAC/19/01/12	<p>Review of Gifts, Hospitality and Sponsorship Register SL explained that the register covered the period of the previous 12 months.</p> <p>Although the individual Christmas gifts shown on page two of the report were under the £6 limit, these were added to the register to follow best practice as one gift to the RSS, which was duly signed off by the Director.</p> <p>CR again raised the issue of sponsorship being used by the NEW Group for its events. It had been noted during the last review of the register, and had been raised with the Group Director for consideration. Sarum and West Groups had taken the decision to not use sponsorship for their events. This needed to be standardised across all groups.</p> <p>ACTION: AAC/19/01/12 - The use of sponsorship for NEW events to again be raised with Ted Wilson (NEW Group Director) and consideration given to discontinuing sponsorship for all NEW events to standardise practice across the CCG.</p>	SL
AAC/19/01/13	<p>Internal Audit Progress Report and Tracker DL talked to the internal audit progress report. From the three ongoing reviews commenced before Christmas, one (financial reporting) had been completed and brought to the Committee for discussion. Work continues on the Financial Systems and Information Governance reviews. A meeting was to be held with Dina McAlpine later that day to discuss and agree the scope for the Individual Funding Requests review. The review of the PMO arrangements was dependent on the Commissioning Alliance work and the shared Chief Executive and management structure being implemented. The framework for the Delegated Commissioning review had been set by NHS England. The scope for the review of the IT and network infrastructure was to be agreed.</p> <p>CR was concerned that a number of reports were still to be completed with limited time remaining. DL was confident that these would be completed on time.</p> <p>DL advised that the recommendation tracker was based upon the responses received from CCG staff when drafting the report. A number of responses had not been received, and therefore could not be updated. SP suggested that an escalation point of contact was needed for when responses and updates were not being provided. The tracker did not indicate if the actions carried a high, medium or low rating. DL advised that high risks were followed up separately with those staff concerned.</p>	
AAC/19/01/14	<p>Internal Audit Reports: a) Financial Reporting DL presented the audit report, which had made an assessment of</p>	

	<p>significant assurance with minor improvement opportunities. Auditors had held discussions with staff, reviewed relevant documents and attended the November Governing Body meeting. Five recommendations had been made which concerned general reporting processes. EMT had now agreed that Integrated Performance Reports would only be produced for those months that Governing Body fall in, and would also cover the intervening month, to release some capacity.</p>	
AAC/19/01/15	<p>External Audit Progress Report KW reported that Grant Thornton auditors had commenced the planning and auditing work. Findings and recommendations would be brought to the March Committee meeting. The audit plan had been finalised. Grant Thornton's CCG Bulletin would be circulated to Members following the meeting.</p> <p>ACTION: AAC/19/01/15 - Grant Thornton's CCG Bulletin to be circulated to Members following the meeting.</p>	KW / SW
AAC/19/01/16	<p>External Audit Annual Draft Plan KW presented the draft audit plan and approach for the 2018/19 external audit.</p> <p>KW talked through each page of the report to inform Members of the approach to be used. The key matters impacting upon the audit were shown on page four. The significant risks associated with the financial statements were shown on page five, but were not considered to be a significant risk for WCCG.</p> <p>In considering value for money, auditors will look at two main areas for WCCG; financial sustainability and the STP and Commissioning Alliance arrangements.</p> <p>The report on the audits findings would be brought to the May Committee meeting.</p>	
AAC/19/01/17	<p>Security Management Service Progress Report RH talked through the security management progress report, in the absence of PT.</p> <p>The grey areas of the work plan indicated completion of those activities. Work was ongoing in three main areas; 1 – Assisting the CCG to complete its own self review tool. The report in March would include reference to this. 2 – Lone working arrangements for those higher risk teams 3 – Building access test – a concern had been raised through the Information Governance and Data Projection work. Ability of unauthorised building access was to be reviewed by PT.</p>	
AAC/19/01/18	<p>Emerging External Issues The following issues were raised to the Committee for awareness:</p> <ul style="list-style-type: none"> • The NHS long Term Plan had now been announced • The 'no deal' Brexit guidance had been received • Governance arrangements for the implementation of the BSW Commissioning Alliance continue to be considered, including the set-up of Committees in Common for Audit and Assurance Committees and the use of joint committees where permitted. 	
ITEMS FOR NOTING		
AAC/19/01/19	<p>Final Accounts Timetable and Plans SP reported that at its December meeting, the Governing Body had approved delegation to the Finance and Performance Committee for approval of the Annual Report and Accounts, to ensure submission deadlines were met in May.</p>	

	The Committee noted the financial accounts timetable and plans for 2018/19.	
AAC/19/01/20	Information Governance Group Minutes 22 November 2018 (draft) The Committee noted the minutes from the Information Governance Group meeting held on 22 November 2018.	
AAC/19/01/21	Aged Receivables and Payables Report The Aged Receivables and Payables Report was noted.	
AAC/19/01/22	Losses and Special Payments Report There were none to report.	
AAC/19/01/23	Competitive Tender Waivers There were none to report.	
AAC/19/01/24	Any Other Business There were no items raised.	
	The meeting concluded at 10.57hrs	

**Date of next Audit and Assurance Committee Meeting:
Tuesday 12 March 2019, 09.15-11.00hrs**